



2024
GILFORD BEACH
ARTS & CRAFTS PROGRAM

PARTICIPANT'S NAME: _____ **AGE:** _____

PARENT/GUARDIAN'S NAME: _____

SUMMER ADDRESS: _____

TELEPHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

As an authorized user of the Gilford Beach, I give permission for my above listed child to participate in the Arts and Crafts program at Gilford Beach. I understand that my child's photo may be taken to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website and/or Facebook page. I understand the program will take place outdoors in a variety of conditions to include but not limited; exposure to extreme hot and/or cold, rain and wind; surfaces that may be hard, rough, uneven, wet, and slippery. I understand the program requires limited physical activity that may result in injuries including but not limited to cuts, scrapes, splinters and bruising. I also understand that participating in this program may subject my child to exposure to the COVID-19 virus. I assume all Risks and Hazards inherent to such participation, and I release the Town of Gilford, the Parks and Recreation Department, and any of their Employees or Program Volunteers from any liability or responsibility for any injury which may occur during the regular course of the program.

Parent/Guardian Signature

Date

REGISTRATION FEE PAID: _____

\$30.00 for the full session.

This program may be done on a drop-in basis and be paid daily at \$3 per child
Program runs Tuesdays and Thursdays from 10am-12pm for four weeks 6/25/24 through 8/1/24